



PLUS NEWS



KENTUCKY CABINET FOR HEALTH SERVICES

Volume 1, Issue 1

http://dmhmrs.chr.state.ky.us/mh/impact_plus/

September 10, 2002

Introduction

This is the first issue of *Plus News*. We plan to feature success stories about families and children; and provide program reminders, outcome information, and "best practice" and research-based standards of care. If you have suggestions or topics that you would like to be included in future newsletters, or would like to receive the newsletter via e-mail please contact Barbara at (502) 564-4797 or Barbara.Gay@mail.state.ky.us

Sharing the Good News

Two administrators for the providers of IMPACT Plus services, Department for Mental Health and Mental Retardation Services and the Department for Community Based Services, received this e-mail:

"Just wanted to take a few minutes to let you both know that yesterday I finalized an adoption on three wonderful children that have been in my foster home for three years! They have all been enrolled in the IMPACT Plus program and I wanted to take a minute to tell you about the Croney and Clark service team and the IN-



Michelle
Age 10

CREDIBLE workers from the Fayette County Foster Care team. I was the fifth mother the children had in their first six years of life, and as you can imagine, they were a mess! But once Croney and Clark started providing the IMPACT Plus services, I have never needed anything that I

have not been able to get for these children. The CPS workers involved with the children were Rebecca Quillen, now retired, and Denise Weider from the Foster Care Team and Steve Hartwig from Harriet Swart's team. The dedication and efficiency of these people has never once faltered."



Kayla
Age 9

"I know you don't always get to hear the good stuff about your services and just maybe this is one of those bad days when a good message can mean a lot. Thank you both so much for the leadership you have given. Thank you once from me and then three more times from Michelle, Kayla and Deven."

Their pictures tell the rest of their story!



Deven
Age 8

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Clinical Corner

The theme “Best Practices”



There is a new catch phrase “Best Practices” or “Evidence-based Practice” in the mental health community. The 1999 Surgeon General’s Report on Mental Health stated that providers have the responsibility to apply evidence-based research to services being provided to clients and their families. The report cites studies of empirical (rather than theoretical) research of peer-reviewed journal articles and books by recognized experts. Accreditation standards, including Child Welfare League of America and Council of Accreditation, have cited for years the need to include outcomes in the provision of services. It is now becoming necessary to justify a service by citing evidence-based research and positive outcomes of the service.

IMPACT Plus is joining the charge. Two best practices workgroups are being formed, one to address the therapeutic group residential service (TGR) and one to address the therapeutic foster care service (TFC). The task of these workgroups is to compile evidence-based practices from peer-reviewed literature, compare current service provision to the information compiled, identify outcomes concerns, review available data, and recommend outcomes measures for the TGR and TFC services. The first TGR workgroup was held on August 14. This group has started the process of evaluating standards of care for residential treatment. The next meeting is scheduled for October 16, at 10:00 in Frankfort. The TFC workgroup is in the process of being scheduled.

The formation of these two workgroups and the resulting collaboration is exciting. As work progresses and recommendations are made, the TGR and TFC services can only improve. Looking at the TGR and TFC services is only the beginning. As we continue to develop and improve the IMPACT Plus Program, the continued use of evidence-based research and collaboration with providers will guide our process and progress.

Outstanding Outcomes



Beginning October 1, 2001, all targeted case management agencies were required to participate in the ongoing Outcomes Information System (OIS). Understanding outcomes to be “indicators of health or well-being for an individual or family, as measured by statements or characteristics of the consumer or family” (Ohio Dept. of Mental Health, 2000), the OIS gathers outcomes data on the clinical aspects of care. Reported by the youth, parent/caregiver, and Targeted Case Manager, these areas include: improvement, functioning, hopefulness or overall well-being, consumer satisfaction with services, and placement stability.

The evaluation tools we use to capture this information are the Child Behavioral Checklist (CBCL) and the Ohio Scales (Youth, Caregiver, and Targeted Case Manager Outcomes forms). We require that these forms are completed for children ages 6 to 18 within the first month that they are in the program, every six months, and at exit (if more than 3 months since the last administration).

Once compiled, this data can be used in several ways. Immediately, it can be used to aid Targeted Case Managers in developing care plans with behaviorally specific, measurable goals. Longitudinally, it can be used to strengthen quality improvement initiatives and help policy makers evaluate the effectiveness of the program.

OIS has been steadily growing. From October 2001 to July 2002, we have captured intake data on 499 children and youth. We have collected second measurements on 20 children and youth and are currently focusing on a process to increase the rate of all submissions. If you have any questions or comments please contact: Aiesha.Skinner@mail.state.ky.us

Mental Illness Awareness Week

Mental Illness Awareness Week is a national public awareness campaign focusing on the facts about mental illness. Declared annually by a joint resolution of Congress and signed by the President, it is the largest information campaign in the country that deals with mental illnesses, their causes and treatments. The 13th Mental Health Institute of Kentucky is pleased to be part of these national and local grass-roots activities. All of Kentucky's Mental Illness Awareness Week events will be posted at the Institute.

**Mental
Illness**

Awareness

Week

October 6-12, 2002

Case Management Availability



To ensure that we have an accurate account of your case management openings, you should submit an updated Case Management Availability Form at least once a month. Without this form, we have no way of knowing if your agency has openings. A blank copy of this form is available on the IMPACT Plus website or by calling Susie Bryant or Barbara Gay at (502) 564-4797 or FAX (502) 564-4826.

**MENTAL HEALTH INSTITUTE
EXECUTIVE WEST
LOUISVILLE, KY**

OCTOBER 8-10 2002

The Mental Health Institute is designed to increase and enhance the knowledge and understanding of practitioners, consumers, family members and others interested in the areas of :

- Adults with Severe Mental Illness
- Children and Youth with Severe Emotional Disabilities
- Victims and Perpetrators of Sexual or Domestic Violence
- Persons with Acquired Brain Injury

A Few of the Attractions:

- * Plenary Speaker Vijay Ganju, Ph.D. will discuss "Evidence Based Practice".
- * Exhibits, Arts, Crafts, and Bookstore
- * Nearly 50 workshops presenting on topics such as:
 - * Attachment Disorder
 - * Clinical Social Work Supervision
 - * Working With the Deaf and Hard of Hearing
 - * Consumer Advocacy
 - * An Introduction to Psychotropic Medications
 - * Behind Bars: Mental Health Services in Jails
 - * Anger Management Tool Kit
 - * Domestic Violence
 - * HIPAA Compliance
 - * America's Response to 9/11
 - * Supported Employment
 - * Transition Services
 - * Suicide Prevention

CEU's Available

CALL IF YOU NEED A REGISTRATION BROCHURE

Screening Process Update

The **Kentucky State Police (KSP)** criminal background check is no longer required for the new employee hiring approval process. The information acquired from Administrative Office of the Courts (AOC) check exceeds the information gained from the KSP check. The Department for Community Based Services (DCBS) and the AOC are the only required criminal background checks. Instructions for completing the DCBS and AOC criminal records check are posted on the IMPACT Plus web site. The new screening forms may also be found on the web site. If you have questions, please contact Alicia Tobin, Provider Enrollment Specialist, at (502) 564-4797.



Staff Updates

Stacie Otto recently accepted a position as a Program Review Analyst for the Kentucky Legislative Research Commission. Stacie served as our Quality Improvement Manager and Assistant Program Manager for the past two years. Her commitment and contributions to the development of the IMPACT Plus program will be missed. However, she has left us with a terrific framework to move forward with our internal and external quality improvement efforts. Best wishes to Stacie!!



Visit the IMPACT Plus Website



http://dmhmrs.chr.state.ky.us/mh/impact_plus/

This is a useful resource for the families that receive services and the SubProvider community. Informational sections include the following topics:

- ☐ Program redesign
- ☐ Outcomes initiatives
- ☐ Questions and Answers for Parents
- ☐ Basic SubProvider Information & Forms
- ☐ Case Management Information & Forms
- ☐ New employee information
- ☐ SubProvider list
- ☐ Billing manual
- ☐ HIPAA updates

It is with excitement and enthusiasm that we introduce LeAnn Magre, as our newest staff member. LeAnn received her bachelor's degree in Human Services and her masters' degree in Social Work. She is a licensed clinical social worker. LeAnn has worked with children and their families for 12 years in various treatment settings. LeAnn lives in Louisville with her husband and daughter, Lacy, who is three years old. They are expecting their second child in March 2003.

Welcome to IMPACT Plus, LeAnn!



What is HIPAA?



HIPAA (Health Insurance Portability and Accountability Act) is an Act to amend the Internal Revenue Code of 1986 to improve portability and continuity of health insurance coverage in the group and individual markets, to combat waste, fraud, and abuse in health insurance and health care delivery, to promote the use of medical savings accounts, to improve access to long-term care services and coverage, to simplify the administration of health insurance, and for other purposes as mentioned in House Resolution 3103.

What are the elements of HIPAA?

Electronic Health Transactions Standards: Uniform coding standards for claims and other healthcare data transmitted between providers and payers.

Privacy & Confidentiality Standards to control the use of identifiable patient data within healthcare organizations and its disclosure to others. The Privacy Standard establishes new rights for patients to control the uses and disclosures of their personal health information and mandates new and corresponding obligations on the part of those who store and transmit that information to keep it protected.

Security & Electronic Signature Standards to ensure the integrity, confidentiality, and availability of identifiable patient data in transit or at rest.

What should I do?

The timeline for complying with the privacy aspect of these standards is April, 2003; however, we are proactively advising you to **NO LONGER** use email for the communication of PHI (Personal Health Information) to our office or others. The following guidelines outline what you **may not include** in email communication, so we are asking that you either phone our office at (502) 564-4797 or fax information to (502) 564-4826, if you must transmit PHI.

To be considered “de-identified,” the health information cannot contain any of the nineteen specific identifiers of the individual and his/her relatives, employers, or household members. The nineteen identifiers are:

- | | |
|------------------------------------|--|
| 1. Name | 13. Telephone numbers |
| 2. All address information | 14. Device identifiers |
| 3. E-mail addresses | 15. URLs |
| 4. Dates (except year) | 16. IP addresses |
| 5. Social Security Number | 17. Biometric identifiers |
| 6. Medical record numbers | 18. The geographic unit formed by combining all zip codes with the same three initial digits containing more than 20,000 people and the initial three digits of all geographic unit with fewer than 20,000 people is changed to 000. |
| 7. Health plan beneficiary numbers | 19. Any other unique identifying number, characteristic, or code. |
| 8. Account numbers | |
| 9. Certificate numbers | |
| 10. License numbers | |
| 11. Vehicle identifiers | |
| 12. Facial photographs | |

A covered entity may assign a code (or other means of record information) to allow de-identified information to be re-identified by the covered entity, if the following provisions are satisfied: (a) the code is not derived from or related to information about the individual, and is not otherwise capable of being translated so as to identify the individual; and (b) the covered entity does not use or disclose the code for any other purpose, and does not disclose the mechanism for re-identification.

It is the responsibility of each SubProvider to comply with HIPAA, therefore research is vital to determine your needs to become compliant. For further information, (i.e.compliance deadlines, extension information, resourceful website addresses etc.) you may refer to the DMHMRS website at : <http://dmhmrs.chr.state.ky.us/hipaa.asp> . Additionally, you may contact Jason H. Padgett our HIPAA Privacy Officer, at (502) 564-4797 or Jason.Padgett@mail.state.ky.us.

Tips for Proper Billing

- ◆ Be sure to check each prior authorization (PA) to verify accuracy **before** billing on the PA. Once the PA has been billed on, it is more difficult to get this information changed. Items to check include procedure codes, modifier codes, tax I.D. numbers, rate per unit, and date span. This is very important, because inaccuracies on the PA may cause a denial of your claim. If you notice a mistake, please contact Healthcare Review at 1-800-292-2392 **BEFORE** you bill.



- ◆ If your agency uses a “paper billing” process (HCFA 1500 forms), be aware that the form is scanned when it arrives at Unisys. It is very important that the information on the claim is **carefully printed or typed within the allotted space**. If not, the information may scan into the incorrect space and will cause your claim to deny.
- ◆ When entering the child’s Medicaid number (MAID #), please be sure to include the **entire** 10-digit number. The tenth digit is very important in identifying the proper client.
- ◆ For IMPACT Plus claims, please remember to enter your tax id# in box #26 of your HCFA 1500 form.

KENTUCKY CABINET FOR HEALTH SERVICES
DEPARTMENT FOR MENTAL HEALTH AND
MENTAL RETARDATION SERVICES

IMPACT Plus

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Frankfort, KY 40621



An Equal Opportunity Employer M/F/D
www.chs.state.ky.us
Printed with state funds.